Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04129

4130

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 45 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [redacted] St., Cumberland, Md.
STREET ADDRESS (If rural give location) 204. Valley St. [redacted] Md.

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) M.ae (Last) Baker

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 19 54

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 2-4-1891
9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Little Orleans, Allegany Co
12. CITIZEN OF WHAT COUNTRY? Md USA

13. FATHER'S NAME: William T. Jones
14. MOTHER'S MAIDEN NAME: Margaret (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mary Lee Baker, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

IMMEDIATE CAUSE (A) uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO (B) chronic nephritis — 1/2 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) carbuncle of the back — 2 weeks

260X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. diabetes — 1 year

19A. DATE OF OPERATION: 5-7-54
19B. MAJOR FINDINGS OF OPERATION: excision of carbuncle, local anesthesia
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6-, 1954, to 5-15, 1954, that I last saw the deceased alive on 5-14, 1954, and that death occurred at 2:20 M, from the causes and on the date stated above.

SIGNATURE L. Kring M.D. ADDRESS 57 Greene St. DATE SIGNED 5-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: May 18 1954
NAME OF CEMETERY OR CREMATORY: St. Patricks Cemetery
LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR: May 17, 1954
REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-

RECEIVED
MAY 25 1954
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4131

CERTIFICATE OF DEATH

Reg. Dist. No. 04130 4.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
MARYLAND
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Md
STREET ADDRESS (If rural give location) 617 Maryland Ave

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Urbanna (Last) Bean

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 27 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Moorefield W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathan Pope

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Frankie Cosgrove 617 Md. Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Acute myocardial failure — Interval Between Onset And Death: Instant

443X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic and hypertensive

DUE TO (c) Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to 5/20, 1954, that I last saw the deceased alive on 5/19/54, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stevenson M.D. ADDRESS Cumberland Md DATE SIGNED 5/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 23 1954 NAME OF CEMETERY OR CREMATORY Asbury Cem. LOCATION (City, town, or county) Asbury (State) W. Va.

DATE REC'D BY LOCAL REGISTRAR May 22, 1954 REGISTRAR'S SIGNATURE Walter R. Kantz M.D. 24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumb. Md

RECEIVED
MAY 25 1954
BUREAU V. S.

Within corporate limits Dr Simons

MARYLAND : 4132

04131

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near CUMBERLAND, rural
STREET ADDRESS (Rural, give location) RT. #6, BOWLING GREEN

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) Elliott (Last) BELL
4. DATE OF DEATH (Month) MAY (Day) 17 (Year) 1954
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 7-13-1893
9. AGE last birthday 60 yrs. If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Dispatcher - Western
10b. KIND OF BUSINESS OR INDUSTRY Md. R.R. Co.
11. BIRTHPLACE (State or foreign country) Cross, WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME FRANKLIN J. BELL
14. MOTHER'S MAIDEN NAME ELIZABETH ASHBY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or [redacted]) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 705-10-6038
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebro-vascular accident — 14 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19....., to 5/17, 1954, that I last saw the deceased alive on 5/17, 1954, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE George M Simons (Degree or title) M.D ADDRESS Cumberland Md DATE SIGNED 5/17/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 19, 1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Thomas, West Virginia (State)
DATE REC'D BY LOCAL REG. May 18, 1954
REGISTRAR'S SIGNATURE Winter R. Frank, M.D.
24. FUNERAL DIRECTOR H. Wayne George, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
MAY 25 19
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04132

4133

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Cumberland 02
LENGTH OF STAY (in this place): 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 206 Fulton Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland 02
STREET ADDRESS (If rural give location): 206 Fulton Street

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) E (Last) Bittner

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10 1900

9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home Duties

11. BIRTHPLACE (State or foreign country): Eckhart Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Kreitzburg

14. MOTHER'S MAIDEN NAME: Anna Griffith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: James F. Bittner, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Leukemia — Interval Between Onset And Death: unk.
204.3

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1953, to May 24, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 7 03 a m, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Steve Lapchak M.D. 202 Va. Ave. Cumberland, Md. 5-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 26 1954
NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park
LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR: May 25, 1954
REGISTRAR'S SIGNATURE: Walter K. Haughy M.D.

24. FUNERAL DIRECTOR: William H. Kight, ADDRESS: Cumberland, Md.

VS. A15

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND 4134

04133

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 309 South Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Britton

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan. 29, 1876

9. AGE last birthday 78 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Car Inspector

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph L. Britton

14. MOTHER'S MAIDEN NAME Brigid Mc Gann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY NO. 705-05-8571

17. INFORMANT AND ADDRESS Mrs. Norman Fisher, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 2 wks

Antecedent cause(s) Hypertensive heart disease — Interval between onset and death: Several years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1954, to May 24, 1954, that I last saw the deceased alive on May 24, 1954, and that death occurred at 5.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Alan G. Murray M.D. ADDRESS Cumberland Md. DATE SIGNED May 27

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE May 28, 1954

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. May 27, 1954

REGISTRAR'S SIGNATURE Walter L. Leary, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli

ADDRESS Cumberland, Md.

RECEIVED
JUN 2 1954
BUREAU V. S.

Within corporate limits

MARYLAND : 4135

Dr. Durrett

STATE DEPARTMENT OF HEALTH

04134

Reg. Dist. No. 4

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (in this place) D O A	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET ADDRESS (If rural, give location) 505 Greenway Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
BERTHA	MAY	BROWN	May 9, 1954 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs: Hours Min.
Female	White	Married	Nov. 16, 1893	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Eckhart, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM K. FOLK	MARY JANE LOGSDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Angus L. Brown, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. ..., 1953, to May 9, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. E. Durrett - M. D. Cumberland. 5/11/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 12, 1954	St. Savage Meth. Cem	Mount Savage, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 10, 1954	Winfield K. Mantz, M.D.	John J. Hafer, Cumberland, Md.	

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 17 19..
...MAIL U. S.

Within corporate limits

4138 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04135

DR. BALLIN

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) Near CUMBERLAND, rural
STREET ADDRESS (If rural give location) ROUTE #6, Fairgo

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) Walter (Last) CADWALLADER
4. DATE OF DEATH: (Month) MAY (Day) 21, (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: JUNE 9, 1882
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Spinning Eng.
10B. KIND OF BUSINESS OR INDUSTRY: Silk (Artificial)
11. BIRTHPLACE (State or foreign country): MARYLAND, Rawlings
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN CADWALLADER
14. MOTHER'S MAIDEN NAME: Frances ANDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-0 -5753
17. INFORMANT & ADDRESS. MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Feb, 1954, to 21 May, 1954, that I last saw the deceased alive on 21 May 54, 19 , and that death occurred at 4:20A M, from the causes and on the date stated above.

SIGNATURE Ralph W. Ballin, M.D. ADDRESS M.D. 62 Greene St Cumberland Md DATE SIGNED 5-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5-23-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR May 23, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles I. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 2 19[illegible]
BUREAU V. S.

File #166 Item # 8 5/13/54 emc

4172

04136

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg

LENGTH OF STAY (in this place) life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Miners Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Garrett

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) Frostburg

STREET ADDRESS (If rural, give location) Star route ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roger	Lee	Carey	May	5	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	white	single	Aug. 25-1954 2	1 yrs.	8			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	none	Frostburg, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Carey	Agnes Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	(father) James Carey, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to drowning.	A few min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY	21c. (City or town)	(County)	(State)
	Yard at home.	rural Frostburg	~~Allegany~~ Garrett	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
May 5/54 10.30 A. M.		Fell head first in a post hole partly filled with water.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE	M. D.	CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐	DATE SIGNED
H. V. Deming M.D. H. V. Deming M.D.			May 5-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	5-8-54	V Blocher	Garrett Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-7-54	Mrs Nancy V. Poe	Joseph R. Durst	

WILMS corporation

MARYLAND 4137

04137

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 20 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 720 BROOKFIELD AVE.,

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) S (Last) Castle

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH NOV. 30 1875

9. AGE last birthday 78 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance

10b. KIND OF BUSINESS OR INDUSTRY B & O Railroad

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME CALVIN CASTLE

14. MOTHER'S MAIDEN NAME MARY TWIGG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Memorial Hospital, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Benign hypertrophy Prostate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH years?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Myocardial degeneration

19a. DATE OF OPERATION 5-5-54

19b. MAJOR FINDINGS OF OPERATION enlarged Benign Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20-, 1954 to 5-10-, 1954, that I last saw the deceased alive on 5-9-, 1954, and that death occurred at 6:25 m., from the causes and on the date stated above.

SIGNATURE Howard L. Folsom (Degree or title) M.D. ADDRESS Cumberland, Md. DATE SIGNED 5-10-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5/10/54 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) Cumberland, (State) Maryland

DATE REC'D BY LOCAL REG. May 10, 1954 REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland, Md.

Within corporate limits WHITWORTH

04138

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

: 4138

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BLOOMINGTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DENISE (Middle) LEE (Last) CLARK Twin #2

4. DATE OF DEATH: (Month) MAY (Day) 26 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH: MAY 23, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: ANNA LEE CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity
DUE TO
ANTECEDENT CAUSE (S) (B) Twin Pregnancy
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 23, 1954, to MAY 26, 1954, that I last saw the deceased alive on MAY 26, 1954, and that death occurred at 11:30 A.M. from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 173 Bedford St. DATE SIGNED 27 May 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF May 27, 1954
NAME OF CEMETERY OR CREMATORY Memorial Hospital
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR May 27, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Memorial Hospital, Cumberland, ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

21542221

RECEIVED
JUN 2 19[illegible]
BUREAU V. S.

Within corporate limits

MARYLAND 4139

STATE DEPARTMENT OF HEALTH 04139

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 65 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 507 Eastern Ave.	STREET ADDRESS (If rural, give location) 507 Eastern Ave.

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) Brown	(Last) Combs	4. DATE OF DEATH	(Month) May (Day) 12 (Year) 1954
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 7, 1889	9. AGE last birthday 65 yrs.	If under 1 year Months Days; If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Hanger		10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (State or foreign country) Cumberland, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John S. Combs			14. MOTHER'S MAIDEN NAME Emma Siever		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Wilbur F. Combs, Cumberland, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exhaustion and pain Gastric Crises — 12 months

Antecedent cause(s) Spinal Cord disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis, Cardio Vascular — [illegible] years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to May 12, 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. Alcan G. Murray, M.D. ADDRESS Cumberland DATE SIGNED May 12/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 14, 1954	NAME OF CEMETERY OR CREMATORY Paw Paw Cemetery	LOCATION (City, town, or county) (State) Paw Paw, W. Va
DATE REC'D BY LOCAL REG. May 14, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR John J. Hafer	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

M

I

WHITWORTH 4140

MARYLAND

STATE DEPARTMENT OF HEALTH

04140

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY ALEEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 1 HR. 27 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 47 BLACKISTONE AVE.,

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) DAVIS

4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 13, 1954

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min. 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: LAWRENCE E. DAVIS

14. MOTHER'S MAIDEN NAME: MARGARET L. WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X
Immediate cause (a) Prem-Birth 18-20 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1954., to MAY, 19.... 13 that I last saw the deceased alive on 13 May 1954., and that death occurred at 10:10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE: May 14, 1954

NAME OF CEMETERY OR CREMATORY: Memorial Hospital

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 14, 1954

REGISTRAR'S SIGNATURE: Winter K. Hanby, M.D.

24. FUNERAL DIRECTOR: Memorial Hosp, "

ADDRESS: "

2054 201190

: 4174

04141

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Back yard at 212 Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 212 Center St.

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) Clarence (Last) Davis

4. DATE OF DEATH (Month) May (Day) 31 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Oct. 29-1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Vale Summit Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Davis

14. MOTHER'S MAIDEN NAME: Mary Ellen Loar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: (daughter) Mrs. Bertha Burkett, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) DUE TO	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Coronary sclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED May 31-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6-3-1954

NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park

LOCATION (City, town, or county) Frostburg (State) Md.

DATE REC'D BY LOCAL REG. 6-3-54

REGISTRAR'S SIGNATURE Mrs. Nancy N. Pye

24. FUNERAL DIRECTOR Jacob Hafer

ADDRESS Frostburg, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

: 4175

04142

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport — LENGTH OF STAY (In this place) 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 Spruce St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 111 Spruce St

3. NAME OF DECEASED (Type or Print): (First) Porter (Middle) Roscoe (Last) Davis
4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6 May 1885
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beaterman
10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill
11. BIRTHPLACE (State or foreign country): Mcclistown, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Davis
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-07-8096A
17. INFORMANT AND ADDRESS: Edward L Davis, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Embolus — 10 Minutes
Chronic Myocarditis and Myocardial Degenera-
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) tion. not spesified as Rheumatic — 2 Years
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric Ulcer — 1 Year

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to May 14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul R Wilson M.D. Piedmont W.Va. May 17, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-17-54
NAME OF CEMETERY OR CREMATORY: Philos Cem
LOCATION (City, town, or county) (State): Westernport Md.

DATE REC'D BY LOCAL REG.: May 17, 1954
REGISTRAR'S SIGNATURE: Mrs. Jane L. Kelly
24. FUNERAL DIRECTOR: E. S. Boor — ADDRESS: Westernport, Md

MAY 1
BUREAU V. S.

Within corporate limits : 4141

04143

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Cumberland~~ Cresaptown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Emmart

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 5-24-54

9. AGE last birthday yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Melvin Emmart

14. MOTHER'S MAIDEN NAME Mary Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Melvin Emmart, Cresaptown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prolapse of Umbilical Cord prior to delivery

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:00 AM 19 4:15 AM on, to 24 May, 1954, that I last saw the deceased alive on 24 May, 1954, and that death occurred at 4:16 A m., from the causes and on the date stated above.

SIGNATURE Leland B. Kanson (Degree or title) MD ADDRESS 63 Greene St. Cumberland DATE SIGNED 24 May 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 24, 1954 NAME OF CEMETERY OR CREMATORY Biertown Cemetery LOCATION (City, town, or county) (State) Near Rawlings Md.

DATE REC'D BY LOCAL REG. May 24, 1954 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. 24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland Md.

3054338395

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 2
BUREAU M. S.

4142

MARYLAND

STATE DEPARTMENT OF HEALTH

04144

CERTIFICATE OF DEATH

Reg. Dist. No. 4

DR. R. WILLIAMS

1. PLACE OF DEATH
COUNTY ALLEGANY
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near CUMBERLAND, Rural
STREET ADDRESS (If rural, give location) WILLIAMS ROAD Rt. #2

3. NAME OF DECEASED (Type or Print) (First) DAMIE (Middle) ESHBAUGH (Last)

4. DATE OF DEATH (Month) MAY (Day) 15, (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH DEC. 18, 1883

9. AGE Last birthday 71 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) WEST VIRGINIA Bean Settlement

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Izek M. Liller

14. MOTHER'S MAIDEN NAME Anna M — Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval between onset and death: 48 hrs.

Antecedent cause(s) (b) Chronic Hypertension — 5 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hiatus Hernia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1952 to 5/15/54, that I last saw the deceased alive on 5/15/54, and that death occurred at 5:55 A.m., from the causes and on the date stated above.

SIGNATURE R. Williams M.D. (Degree or title) ADDRESS Cumberland DATE SIGNED 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 5-18-54

NAME OF CEMETERY OR CREMATORY Davis Memorial Cem.

LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. May 17, 1954

REGISTRAR'S SIGNATURE Walter R. Manty M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

MARYLAND 4143

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

04145 4
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.; LENGTH OF STAY (In this place) 40yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS II3 Fifth St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Alleg'ny; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) II3 Fifth St.

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) Gertrude (Last) Furstenberg

4. DATE OF DEATH: (Month) May (Day) 8, (Year) I954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 3I, I892

9. AGE last birthday: 6I yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Ownhome

11. BIRTHPLACE (State or foreign country): Martinsburg, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Browning

14. MOTHER'S MAIDEN NAME: Annie Lowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: James R. Furstenberg II3 Fifth St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — 2 yrs

(c) Diabetes mellitus — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to May 8, 1954, that I last saw the deceased alive on May 20, 1954, and that death occurred at 1:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas R. Sowers M.D. ADDRESS Cumberland DATE SIGNED 5/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 5-II-54 | NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. May 10, 1954 | REGISTRAR'S SIGNATURE Charles K. Frantz M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

Film #G16 Item # 7 5/17/54 emf

4180

City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Local File No. 04146

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Cumberland

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN rural) Cumberland

STREET ADDRESS (If rural, give location) R.F.D.#1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Golia

4. DATE OF DEATH (Month) May (Day) 6 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	[illegible]	June 8-1900	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Odd jobs	Thomas, W.Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Golia	Barbara Augustine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes W.W.1	212-12-8364	Papers in pocket. Edward Myers, Jackson, Michigan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rupture of the oesophageal varicocese	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Portal cirrhosis also had	?
	DUE TO (c) Ascities	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May 6-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Interment	May 8, 1954	Mon Memorial Cem	Near Cumberland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8, 1954	Winter K. Banta, M.D.	Charles L. Zorger	"

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A - 5 - 53

Within corporate limits.. 4144

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04147

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 11 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 401 Columbia Street, City

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Caroline (Last) Grabenstein

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH 12-29- 1880

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Justice Grabenstein - Deceased

14. MOTHER'S MAIDEN NAME: Margaret Monday Grabenstein - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Niece Mrs. Carl Soethe Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — 6 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cerebral Embolus ? — 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Osteoporosis with previous long bed rest — 6 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1948, to May 10 , 1954, that I last saw the deceased alive on May 9 , 1954, and that death occurred at 12:20 PM, from the causes and on the date stated above.

SIGNATURE Saville G. Freeman M.D. ADDRESS M.D. 54 Greene St Cumberland Md DATE SIGNED 5/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/13/54

NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR May 12, 1954

REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

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BUREAU OF S.

04148

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4181 CERTIFICATE OF DEATH

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
LENGTH OF STAY (in this place) 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) E. (Last) GRIFFEY

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Feb. 19, 1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Coleman

14. MOTHER'S MAIDEN NAME: Sarah Bucy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Quentin Griffey, ~~RFD~~ Ellerslie, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardosis — Interval Between Onset And Death: 5yrs.

Antecedent causes (b) DUE TO — (c) DUE TO
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to May 20, 1954, that I last saw the deceased alive on May 19, 1954, and that death occurred at 1 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John A Topper MD ADDRESS Hyndman Pa DATE SIGNED 5/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 22, 1954 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR May 22, 1954 REGISTRAR'S SIGNATURE J. Floyd Wolfe

24. FUNERAL DIRECTOR Wm. H. Kight, Cumberland, Md. ADDRESS

VS. A15

RECEIVED
JUN 2 1954
BUREAU V. S.

Within corporate limits : 4145

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04149

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland

LENGTH OF STAY (in this place): 6 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sylvan Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED: (First) Blaine (Middle) (Last) Hinchman

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Joseph Hinchman

14. MOTHER'S MAIDEN NAME: Helen Riffel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Sylvan Retreat, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage,	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	aortic Regurgitation	?
	DUE TO (c)	Chronic Nephritis,	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Left Hemiplegia. — 3 wks.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1954, to May 16, 1954, that I last saw the deceased alive on May 15, 1954, and that death occurred at 12:10 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James B. McLean M.D. 49 Greene St. May 17, 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 19 1954

NAME OF CEMETERY OR CREMATORY: Allegany County Cemetery

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 18, 1954

REGISTRAR'S SIGNATURE: Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight, ADDRESS: Cumberland, Md.

RECEIVED
MAY 25 1954
BUREAU V. S.

: 4146

04150

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13-A Jane Frazier Village

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 13-A Jane Frazier Village

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Francis (Last) Hogan

4. DATE OF DEATH (Month) May (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Oct. 11-1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Machinest

10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry.

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Hogan

14. MOTHER'S MAIDEN NAME: Mary Cavanaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 205-05-4797

17. INFORMANT & ADDRESS: (wife) Annie Conway Hogan, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Arterio-sclerotic heart disease	about 6 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED May 20-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF May 22, 1954
NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. May 24, 1954
REGISTRAR'S SIGNATURE Hunter L. Mantz, M.D.
24. FUNERAL DIRECTOR Louis Stein, Inc.
ADDRESS "

Ste.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11A - 5 - 53

MAY 2
BUREAU V. S.

Within corporate limits

4182

MARYLAND

STATE DEPARTMENT OF HEALTH

04151

CERTIFICATE OF DEATH

Reg. Dist. No. 4

Item 7 film G166 6/7/54 cm

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 6/17/49; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 303 Decatur Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Foss (Last) Hott

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (illegible)ced

8. DATE OF BIRTH: 7-25-1900

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Fed-Heal Apts.

11. BIRTHPLACE (State or foreign country): West Virginia(Hampshire Co.)

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Hott

14. MOTHER'S MAIDEN NAME: Abbie Shanholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Sclerosis, -

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage - 5 yrs

(c) Right Hemiplegia - 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis ?

INTERVAL BETWEEN ONSET AND DEATH: Sudden

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to May 24, 1954, that I last saw the deceased alive on May 24, 1954, and that death occurred at 1:10 a.m., from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. (Degree or title) ADDRESS 49 Greene St DATE SIGNED 5-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 5-27-54

NAME OF CEMETERY OR CREMATORY Allegany Co. Gen.

LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. May 26, 1954

REGISTRAR'S SIGNATURE Winter K. Beauty M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumb. Md.

Write corporate limits

: 4147

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04152

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS 125 Bedford (If rural give location) [redacted] STREET

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) G (Last) Howsare
4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 16, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate Business for Self
11. BIRTHPLACE (State or foreign country): Flintstone, Maryland
12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME: (Deceased) Eli Hartsock
14. MOTHER'S MAIDEN NAME: (Deceased) Ann Twigg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: (Patient.) Sacred Heart Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
158X Immediate cause	(a) Renal Failure	2 days
DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Shock due to Cardiac Failure	2 days
DUE TO	(c) Carcinomatosis of Peritoneum	1 month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular renal dis. 6 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to May 6, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 11 45 am from the causes and on the date stated above.
SIGNATURE (Degree or title) Saville G Cameron MD ADDRESS Cumberland Md DATE SIGNED 5/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/9/54 NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery LOCATION (City, town, or county) Cumberland, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR May 8, 1954 REGISTRAR'S SIGNATURE Winter R. Frantz, MD
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumb. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1 11 1954
BUREAU V. S.

Item 18 Film G166 5/21/54 ams

Within corporate limits

4148 **MARYLAND STATE DEPARTMENT OF HEALTH** 04153

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 7 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 802 Stewart Avenue	STREET ADDRESS (If rural, give location) 30 Bedford Street

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	[illegible]	[illegible]	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Westernport, Md.	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James L. Kline	Jennie Patrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	— — —	None	Donald [illegible], 802 Stewart Ave, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — 4 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1954, to May 10, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 4:10 P m., from the causes and on the date stated above.

SIGNATURE Clay E. Burrett (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 5/11/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	13 May 54	Philos [illegible]	[illegible]port,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 11, 1954	Winter R. Frantz, M.D.	[illegible]	[illegible]port, [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

$175

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04154

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg; LENGTH OF STAY (in this place) 1 Wk.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural give location) 41 Linden Street

3. NAME OF DECEASED. (Type or Print) (First) Elmer (Middle) Louis (Last) Kallmyer

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 7-16-1869

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Custodian

10B. KIND OF BUSINESS OR INDUSTRY: Celanese

11. BIRTHPLACE (State or foreign country): Hoffman, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Kallmyer

14. MOTHER'S MAIDEN NAME: Eliza Hasselrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 220-10-4362 A

17. INFORMANT & ADDRESS: Cumberland, Md. Mr. Victor Kallmyer, 500 Arnett Terrace

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Toxic Myocarditis	5d.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Lobular Pneumonia & Pleurisy (R)	7d.
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic cardiovascular disease		?

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1954 to 5/11, 1954, that I last saw the deceased alive on 5/11 1954, and that death occurred at 2 10/4 M. D.S.T. from the causes and on the date stated above.

SIGNATURE Jack T. Harrat M.D. ADDRESS 59 E. Main St. Frostburg DATE SIGNED 5/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-13-54	White Oak Cemetery	White Oak,	Pa.

DATE REC'D BY LOCAL REGISTRAR 5-13-54 REGISTRAR'S SIGNATURE Mrs. Nancy N. Rae

24. FUNERAL DIRECTOR Jacob Hafer ADDRESS 23 E. Main, Frostburg, Md

RECEIVED
MAY 18
BUREAU V. S.

Within corporate limits 4183 04155

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 53 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Co. Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 106 Oak View

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Kelly

4. DATE OF DEATH (Month) May (Day) 7 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: Oct 8, 1871 ~~[illegible]~~
9. AGE last birthday: ~~83~~ 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housekeeper for self & sister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newry, Ireland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Kelly
14. MOTHER'S MAIDEN NAME: Sarah Fearon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Infirmary records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-vascular-renal disease ?
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized arteriosclerosis ?
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Impacted fracture, head of right femur. 53 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Infirmary
21c. (City or town) Cumberland (County) Allegany (State) Md.
21d. TIME OF INJURY (Month) March (Day) 31/54 (Year) 1:30 (Hour) A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell out of bed to the floor, fractured right femur.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED May 8-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5-10-54
NAME OF CEMETERY OR CREMATORY St Gabriel Cemetery
LOCATION (City, town, or county) Barton (State) Md.
DATE REC'D BY LOCAL REG. May 10, 1954
REGISTRAR'S SIGNATURE Winter R. Hartz, M.D.
24. FUNERAL DIRECTOR E. S. Boal Westernport
ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physic[redacted]: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MAY
RUTGERS U. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4149

CERTIFICATE OF DEATH

04156

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Md
LENGTH OF STAY (in this place) 1 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Decatur St. Geo. Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) Star Rt

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) Somerville (Last) Kendall.

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 10 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. Allen J. Mason

14. MOTHER'S MAIDEN NAME: Theresa B. O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Sister Mrs. Phillippi Address Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.2 IMMEDIATE CAUSE

(A) Intestinal obstruction DUE TO Ileus — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Gangrene of Intestine due to mesenteric Thrombosis DUE TO — 48 hours

(C) Hypertensive Cardiovascular Disease — 10 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 8 year

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to May 27, 1954, that I last saw the deceased alive on May 27, 1954, and that death occurred at 10 00 P M, from the causes and on the date stated above.

SIGNATURE Harold G. Wiseman M.D. ADDRESS 59 Greene St Cumberland Md DATE SIGNED 5/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF May 30 '54

NAME OF CEMETERY OR CREMATORY Hill Crest

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR May 29, 1954

REGISTRAR'S SIGNATURE Walter L. Lantz M.D.

24. FUNERAL DIRECTOR J. R. Durst ADDRESS Frostburg

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUN 2 1954
BUREAU V. S.

4184

04157

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton	LENGTH OF STAY (in this place) 72 years
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eutah St.	STREET ADDRESS (If rural, give location) Eutah Street

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Duncan (Last) Lashbaugh			4. DATE OF DEATH (Month) May (Day) 9 (Year) 1954		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 5-13-1861	9. AGE last birthday 72 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner	10b. KIND OF BUSINESS OR INDUSTRY Coal Mine		11. BIRTHPLACE (State or foreign country) Barton, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob L. Lashbaugh			14. MOTHER'S MAIDEN NAME Laura Virginia Preston		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 216-09-7969		17. INFORMANT AND ADDRESS Dennis Lashbaugh, Barton, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332x Immediate cause	(a) Cerebral Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5/1, 1954, to 5/9, 1954, that I last saw the deceased alive on 5/9/54, 19....., and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lee Reeves MD		Westernport Md	5/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5-12-54	NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	LOCATION (City, town, or county) (State) Oscow, Maryland
DATE REC'D BY LOCAL REG. 5-12-54	REGISTRAR'S SIGNATURE Mrs Jean K. Kelly	24. FUNERAL DIRECTOR S. Boal, Westernport, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 14 1954

BUREAU V

Within corporate limits

4150

04158

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 210 Beall St.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 210 Beall St.,

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) CHRISTINE (Last) LOIBEL

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 18, 1877

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Joseph Loibel

14. MOTHER'S MAIDEN NAME: Christine Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Harry Bergman 210 Beall St., Camb, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) congestive heart failure — Interval between onset and death: 2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic heart disease — 1 month

(c) arteriosclerosis — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1954, to 5-18, 1954, that I last saw the deceased alive on 5-15, 1954, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or Title): L. Weiss M.D. — ADDRESS: 57 Decatur — DATE SIGNED: 5-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/21/54 — NAME OF CEMETERY OR CREMATORY: S. S. Peter & Paul — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: May 21, 1954 — REGISTRAR'S SIGNATURE: Walter R. Wantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

Within corporate limits

4151

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04159

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
STREET ADDRESS (If rural give location): East Main Street

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) B. (Last) McAlpine

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 23, 1880

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McAlpine

14. MOTHER'S MAIDEN NAME: Elizabeth Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: David McAlpine, Lonaconing, Md. (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 5 yr.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yr.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 53 to 24 May, 54, that I last saw the deceased alive on 24 May, 54, and that death occurred at 7 45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): M.D. — ADDRESS: Lonaconing Md — DATE SIGNED: 5-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 26, 1954 — NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery — LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR: May 25, 1954 — REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: George Eichhorn, Lonaconing, Md.

RECEIVED
JUN 2 1934
BUREAU V. S.

: 4152

MARYLAND

STATE DEPARTMENT OF HEALTH

04160

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 60 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 7 Potomac Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) William (Last) Mc Culley

4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 5-5-1872

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doubler - Reeler

10b. KIND OF BUSINESS OR INDUSTRY: Tin Plate Mill

11. BIRTHPLACE (State or foreign country): Oldtown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Mc Culley

14. MOTHER'S MAIDEN NAME: Susan Moreland Mc Culley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-05-9264

17. INFORMANT AND ADDRESS: Charles Mc Culley, RFD 3, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.2 Uraemia — Interval between onset and death: 7 days

Antecedent cause(s) Myocarditis — 5 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to May 5, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Clay F. Summy (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 5/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: 5-8-1954 | NAME OF CEMETERY OR CREMATORY: St. Patrick's Cemetery | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 7, 1954 | REGISTRAR'S SIGNATURE: Walter R. Beatty, M.D. | 24. FUNERAL DIRECTOR: James F. Scarpelli | ADDRESS: Cumberland, Md.

Outside C. City Limits

4185

04161

Reg. Dist. 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Cumberland

LENGTH OF STAY (in this place) 7 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D #3 Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) Cumberland

STREET ADDRESS (If rural, give location) R.F.D.#3 Valley Road

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) Dorsey (Last) Miller

4. DATE OF DEATH (Month) May (Day) 20 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower

8. DATE OF BIRTH: Nov. 9-1872

9. AGE last birthday: 81 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Hostler

10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry.

11. BIRTHPLACE (State or foreign country): Bedford Valley, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Martha Ellen Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Cumberland, Md. (daughter-Sarah Gail Robb, R.F.D.#3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.0 Immediate cause	(a)	Arterio-sclerotic heart disease	gradual
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Generalized arteriosclerosis.	about 17 years.
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May 20-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 23 1954

NAME OF CEMETERY OR CREMATORY Hyndman Cemetery

LOCATION (City, town, or county) (State) Hyndman, Pennsylvania

DATE REC'D BY LOCAL REG. May 24 1954

REGISTRAR'S SIGNATURE Walter K. Wantz, M.D.

24. FUNERAL DIRECTOR Harvey N. Geigley, Hyndman

ADDRESS "

Within corporate

DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04162

: 4153 CERTIFICATE OF DEATH Reg. Dist. No. 4

1 PLACE OF DEATH.
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL, CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 32 CUMBERLAND STREET

3 NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) L. (Last) MOLINARI

4. DATE OF DEATH: (Month) MAY (Day) 27 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED

8 DATE OF BIRTH: NOV. 7, 1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Cumberland MARYLAND

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARVEY CONNER

14. MOTHER'S MAIDEN NAME: MARGARET PRESSMAN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Layman M. Zeller 32 Cumberland St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Apr, 19 , to 27 May 1954, that I last saw the deceased alive on 27 May, 1954, and that death occurred at 7:30 A M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 123 Bedford St. DATE SIGNED 27 May 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 5-29, 1954 NAME OF CEMETERY OR CREMATORY St's Peter & Paul LOCATION (City, town, or county) Cem. Cumberland, Md. (State) Md

DATE REC'D BY LOCAL REGISTRAR May 28, 1954 REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
JUN 2 1954
BUREAU V. S.

4177

04163

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Aubray

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: March 21, 1880

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Barton, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Aubray

14. MOTHER'S MAIDEN NAME: Jane Ann Emerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-8868

17. INFORMANT AND ADDRESS: Forrest Aubray, Barton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 6 Mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteri Sclerosis — ? ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 12, 1954, to May 28, 1954, that I last saw the deceased alive on May 28, 1954, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W M C Lane MD Frostburg Md June 2 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-31-54

NAME OF CEMETERY OR CREMATORY: Laurel Hill Cem

LOCATION (City, town, or county) (State): Roscoe, Md.

DATE REC'D BY LOCAL REG. 6-3-54

REGISTRAR'S SIGNATURE: Mrs Nancy N. Roe

24. FUNERAL DIRECTOR: E. S. Boal

ADDRESS: Westernport, Maryland

Outside of City Limits

4186

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04164

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaVale; MARYLAND; LENGTH OF STAY (in this place) 10 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaVale; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Arthur (Last) Mullan

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 11 May 1868

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Paper mill

11. BIRTHPLACE (State or foreign country): Westernport, Md

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Jamerson Mullan

14. MOTHER'S MAIDEN NAME: Sarah Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Ethel Thayer, LaVale, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis, Senile, Degenerative — Interval between onset and death: 2 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) Unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 5 3 19..... to May 7 19 54 that I last saw the deceased alive on May 26, 19 54, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Kyle Cleaveteer Jr — ADDRESS: 49 Green St Cumberland Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5-28-54 — NAME OF CEMETERY OR CREMATORY: Philos Cemetery — LOCATION (City, town, or county): Westernport — (State): Md.

DATE REC'D BY LOCAL REG.: May 27, 1954 — REGISTRAR'S SIGNATURE: Dexter R. Manly M.D.

24. FUNERAL DIRECTOR: E. S. Boor — ADDRESS: Westernport Md.

VS. A15

RECEIVED
JUN 2 1953
BUREAU V. S.

Item 18 Film G167B 6/7/54 ams

4154

04165

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

LENGTH OF STAY (in this place) 17 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 South Smallwood St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 210 South Smallwood St.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) L. (Last) Nesbitt

4. DATE OF DEATH (Month) May (Day) 20 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: Sept-16 1919

9. AGE Last birthday: 34 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: W.Md.R.Ry.Comm.

11. BIRTHPLACE (State or foreign country): Deer Park,Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard P.Nesbitt

14. MOTHER'S MAIDEN NAME: Anna M.Diehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-10-9471

17. INFORMANT & ADDRESS: (Sister)Mrs.Ethel Hamilton,Cumberland,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary osteo sclerosis	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hepato megaly with fatty changes	
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May 20-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 23 '54

NAME OF CEMETERY OR CREMATORY Lyon Memorial Cem

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. May 24, 1954

REGISTRAR'S SIGNATURE Walter K. Hantz, M.D.

24. FUNERAL DIRECTOR Charles L. George, Cumberland, Maryland

ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18 04166

4178 CERTIFICATE OF DEATH Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 17 Standish Street

3. NAME OF DECEASED: (Type or Print) (First) KARL (Middle) J. (Last) NICKEL
4. DATE OF DEATH: (Month) May (Day) 7, (Year) 19 54
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10-10-1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, (Never retired) Strip miner
10b. KIND OF BUSINESS OR INDUSTRY: coal mines
11. BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Conrad Nickel
14. MOTHER'S MAIDEN NAME: Eliza Brode
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-24-6295
17. INFORMANT & ADDRESS: Mrs. Karl J. Nickel, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) DUE TO Lobar Pneumonia — Interval Between Onset And Death 13 Days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 30, 1954 to May 6, 1954, that I last saw the deceased alive on May 6, 1954 and that death occurred at 11:45 P, from the causes and on the date stated above.
SIGNATURE (Degree or title) W. M. McLane MD ADDRESS Frostburg Md DATE SIGNED May 8 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-10-1954 NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 5-10-54 REGISTRAR'S SIGNATURE Miss Nancy N. Rae
24. FUNERAL DIRECTOR J. R. Durst, Frostburg, Md. ADDRESS

VS. A15

MAY 13 1
BUREAU V. S.

Within corporate limits : 4155

MARYLAND

STATE DEPARTMETT OF HEALTH

04167

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (in this place) 3-1-54 5-29-54	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital 20	STREET ADDRESS (If rural, give location) ALGONQUIN HOTEL

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) WILLIAM	(Last) O'REAR	4. DATE OF DEATH	(Month) MAY	(Day) 29	(Year) 1954
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Div.	8. DATE OF BIRTH Jan 20, 1894	9. AGE last birthday 60 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting & Decorating	10b. KIND OF BUSINESS OR INDUSTRY Painting Self Employed	11. BIRTHPLACE (State or foreign country) Winchester, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME ~~Deceased~~ John L O'Rear	14. MOTHER'S MAIDEN NAME ~~Deceased~~ Sally Crabill						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 216-18-1168	17. INFORMANT AND ADDRESS Sacred Hospital Cumberland, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerotic Heart Disease — 3 years

Antecedent cause(s) (b) with Pulmonary Edema

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1952 to May 29, 1954, that I last saw the deceased alive on May 28, 1954 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R M Schindler (Degree or title) MD, ADDRESS 41 Green St Cumberland Md DATE SIGNED 5/29/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 1 1954	NAME OF CEMETERY OR CREMATORY Philos Cemetery	LOCATION (City, town, or county) Westernport (State) Md.
DATE REC'D BY LOCAL REG. June 1, 1954	REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.	24. FUNERAL DIRECTOR Louis Stein, Inc.	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

DR. DURRETT 4156

MARYLAND

STATE DEPARTMENT OF HEALTH

04168

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 1DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY [redacted]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V-1-4 V
STREET ADDRESS (If rural, give location) GREENWAY APTS. 34TH & CHARLES STS.

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) M (Last) PEACH

4. DATE OF DEATH (Month) MAY (Day) 14 (Year) 1954 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH AUG. 20 [illegible]

9. AGE last birthday 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOSEPH BENDER

14. MOTHER'S MAIDEN NAME KATHRINA BASE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS John F. PEACH, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary Sclerosis	6 mos
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cardiac Dilotation	16 hrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 53, to May 14 19 54 that I last saw the deceased alive on May 14, 19 54 and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE Clark L. Durrett (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 6/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE May 18, 1954 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | LOCATION (City, town, or county) Baltimor, Md. (State)

DATE REC'D BY LOCAL REG. May 15, 1954 | REGISTRAR'S SIGNATURE Walter R. Krantz, M.D. | 24. FUNERAL DIRECTOR James F. Scarpelli, ADDRESS Cumberland, Md.

Within corporate limits

DR. MURRAY 4157

MARYLAND

STATE DEPARTMENT OF HEALTH

04169

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 7 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near CUMBERLAND, rural
STREET ADDRESS (If rural, give location) R.F.D. #2 WILLIAMS ROAD

3. NAME OF DECEASED (Type or Print) (First) REBA (Middle) LEE (Last) PORTER

4. DATE OF DEATH (Month) MAY (Day) 18 (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH FEB. 3, 1950

9. AGE last birthday 4 YRS yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ELMER A. PORTER

14. MOTHER'S MAIDEN NAME BERTHA WAGNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Memorial Hospital, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Double Bronchial Pneumonia — Interval Between Onset and Death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophic Liver with ascitis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1954, to May 8, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 2:14 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Alan G. Murray, Md ADDRESS Cumberland, Md DATE SIGNED May 19

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5/21/54 NAME OF CEMETERY OR CREMATORY Temple Cemetery LOCATION (City, town, or county) Temple, Somerset (State) Penn.

DATE REC'D BY LOCAL REG. May 20, 1954 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Stein, Jr ADDRESS Cumberland, Md

MARGIN RESERVED FOR BINDING

BUREAU V. S.

4158

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04170

CERTIFICATE OF DEATH

Reg. Dist. No. 4

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 146 Bedford St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ma ryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 146 Bedford St.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Ann (Last) Price

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1954

5. SEX: Fema le

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: December 31, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wales

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thomas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Thelma Price Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Mesentric Thrombosis - Arterial	24 hours
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hemorrhage due to above	6 hours
	DUE TO (c)	General Arteriosclerosis	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1948, to 5/18, 1954, that I last saw the deceased alive on 5/16, 1954, and that death occurred at 6.15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Danielle G. Weisman MD

ADDRESS 59 Greene St Cumberland

DATE SIGNED 5/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 21, 1954

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) Cumberland (State) Maryland

DATE REC'D BY LOCAL REGISTRAR May 31, 1954

REGISTRAR'S SIGNATURE Walter R. Frantz M.D.

24. FUNERAL DIRECTOR Louis Stein, Inc.

ADDRESS Cumberland, Md.

RECEIVED
MAY 25 1954
BUREAU V. S.

4187

04171

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corriganville
LENGTH OF STAY (in this place) 44yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corriganville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Ella Claire Printy

4. DATE OF DEATH (Month) (Day) (Year) May 7, 1954 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 29 1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Pittsburgh, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip Rensland
14. MOTHER'S MAIDEN NAME: Matilda Metz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Warren Printy, Corriganville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
157X
Immediate cause (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 5 months
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Had involvement of Liver

19a. DATE OF OPERATION: Feb 9-54
19b. MAJOR FINDINGS OF OPERATION: Inoperable Cancer of Pancreas
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to May 7, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 6 a.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) F. Alan G. Murray MD ADDRESS Cumberland Md DATE SIGNED May 8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 10, 1954
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. May 10 1954
REGISTRAR'S SIGNATURE J. Lloyd Wolfe
24. FUNERAL DIRECTOR Harvey H. Zeigler Hyndman, Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 12 1954
BUREAU V. S.

DR. W.F.WILLIAMS

MARYLAND 4159

04172

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: ALLEGANY; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND; LENGTH OF STAY (in this place): 167 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MARYLAND.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND; STREET ADDRESS (If rural, give location): 302 BEDFORD STREET

3. NAME OF DECEASED (Type or Print): (First) LLOYD (Middle) L. (Last) RAWLINGS

4. DATE OF DEATH: (Month) MAY (Day) 24 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8-26-69

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Banker

10b. KIND OF BUSINESS OR INDUSTRY: Community Loan Co

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM L. RAWLINGS

14. MOTHER'S MAIDEN NAME: GUELDIA KIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)... Hypertensive Cardio Vascular Renal Disease — Interval between onset and death: 11 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22, 1943 to 5-24, 1954, that I last saw the deceased alive on 5-22, 1954 and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE W.F. Williams (Degree or title) M.D. ADDRESS Cumberland. DATE SIGNED 5-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May 26 1954

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 25, 1954

REGISTRAR'S SIGNATURE: Wirter K. Canby, M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, ADDRESS Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4179 04173

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1 PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
MARYLAND LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Meyersdale 75X-3
STREET ADDRESS (If rural give location) R.L. No 3

3 NAME OF DECEASED: (Type or Print) (First) Markle (Middle) Wm. (Last) Robertson

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1954

5. SEX: M
6 COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-31-1903
9. AGE last birthday 50 yrs. IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm. Robertson
14. MOTHER'S MAIDEN NAME: Ida Winters

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-07-2492
17. INFORMANT & ADDRESS: R.L. #3, Meyersdale, Pa. Mrs Markle W. Robertson, Wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422 2
Immediate cause (a) DUE TO Myocardial Insufficiency
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Generalized Edema (c)
Interval Between Onset And Death 8 mo

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to May 22, 1954, that I last saw the deceased alive on May 22, 1954, and that death occurred at 11:00 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) W.O. McLane MD
ADDRESS Frostburg Md
DATE SIGNED May 24 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-25-1954
NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park
LOCATION (City, town, or county) (State) Frostburg, Md.
DATE REC'D BY LOCAL REGISTRAR 5-25-54
REGISTRAR'S SIGNATURE Mrs. Nancy N. Poe
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1954
BUREAU V. S.

Within corporate limits: 4160

04174

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 9 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 607 Leiper St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 607 Leiper St.

3. NAME OF DECEASED: (Type or Print) (First) Owen (Middle) A. (Last) Robinette

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 18-1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming (Own Farm)

11. BIRTHPLACE (State or foreign country): Chaneysville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jasper Robinette

14. MOTHER'S MAIDEN NAME: Mary Roland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 174-16-9235

17. INFORMANT & ADDRESS: Mrs. Ester Robinette, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Arterio-sclerotic heart disease.	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Generalized arteriosclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Arthritis — 8 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED: May 14-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-16-1954

NAME OF CEMETERY OR CREMATORY: Chaneysville Cemetery

LOCATION (City, town, or county) (State): Chaneysville, Pa.

DATE REC'D BY LOCAL REG.: May 15, 1954

REGISTRAR'S SIGNATURE: Walter L. Trautz, M. D.

24. FUNERAL DIRECTOR ADDRESS: Charles T. George, Cumberland, Md.

MAY
BUREAU U. S

Within corporate limit. 4161

04175

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
HOSPITAL OR INSTITUTION OR STREET ADDRESS 810 Columbia Ave.,	STREET ADDRESS (If rural, give location) 810 Columbia Ave.,

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle)	(Last) ROMPF	4. DATE OF DEATH	(Month) May	(Day) 10,	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 15, 1871	9. AGE last birthday 82 yrs.	If under 1 year Months, Days	If under 24 hrs. Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (State or foreign country) Cumberland, Md.	12. CITIZEN OF WHAT COUNTRY? U. S.				
13. FATHER'S NAME Herman Rompf	14. MOTHER'S MAIDEN NAME Catherine Gleim						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY No. 219-03-3834	17. INFORMANT AND ADDRESS Miss Florence Rompf 810 Columbia Ave., Cumberland,					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 day years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950 to 5/10, 1954, that I last saw the deceased alive on 5/7, 1954, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE B. M. Schindler (Degree or title) M.D. ADDRESS 41 Essex St Cumberland, Md DATE SIGNED 5/12/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/13/54	NAME OF CEMETERY OR CREMATORY Rose Hill Cem.	LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REG. May 12, 1954	REGISTRAR'S SIGNATURE Winter R. Hauk, M.D.	24. FUNERAL DIRECTOR H. Wayne George Cumberland, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

M

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City Limits

4188

MARYLAND

Dr. Ballin

04176

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. # 6 Cumberland, rural — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. # 6 Cumberland, rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bowling Ave., Bowling Green	STREET ADDRESS (If rural, give location) Bowling Ave., Bowling Greene

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Catherine (Last) Ritchey			4. DATE OF DEATH (Month) May (Day) 12 (Year) 1954		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar. 3, 1882	9. AGE last birthday 72 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Terra Alta, W. Va.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Thurmond J. Teets			14. MOTHER'S MAIDEN NAME Alice Hardesty		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS Mr. Irvin Ritchey Cumberland, Md.		

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause (a)	Coronary occlusion	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic Heart Disease	3 years
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gastroptosis	3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1953, to 5-12, 1954, that I last saw the deceased alive on 5-12, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph W. Ballin	M.D.	62 Greene St. Cumberland Md	5-14-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5-15-1954	NAME OF CEMETERY OR CREMATORY HillCrest Cem.	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. May 14, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz M.D.	24. FUNERAL DIRECTOR Charles I. George	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

M

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Within corporate limits: Items: Film 6168 7/16/54 L

4162

04177

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 518 Beall St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 607 Fairview Ave.

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) N. (Last) Schade

4. DATE OF DEATH (Month) May (Day) ~~10~~ 9 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 1-1892
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman & Clerk-Queen
10b. KIND OF BUSINESS OR INDUSTRY: City Novelity Co.
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Schade
14. MOTHER'S MAIDEN NAME: Elizabeth Diebold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-05-6215
17. INFORMANT & ADDRESS: (sister) Mrs. Hilda Larkins, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary sclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED May 10-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF May 12, 1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Cumberland, Maryland (State)
DATE REC'D BY LOCAL REG. May 11, 1954
REGISTRAR'S SIGNATURE Winter R. Franz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, " ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

Within corporate limits

: 4163

04178

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. . .

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information as fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS rear 422 N.Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) rear-422 N.Center St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Wilson (Last) Smallwood

4. DATE OF DEATH (Month) May (Day) 4 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widower

8. DATE OF BIRTH: May 7-1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life. Never do retired): maker

10b. KIND OF BUSINESS OR INDUSTRY: Caterer - Tavern

11. BIRTHPLACE (State or foreign country): Louden, Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin M. Smallwood

14. MOTHER'S MAIDEN NAME: Madora E. Virts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-9083

17. INFORMANT & ADDRESS: Papers found in his home.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute cardiac failure — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chronic myocarditis also had — about 3 yrs.

DUE TO (c) Bronchial asthma — ?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May 5-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 7, 1954

NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery

LOCATION (City, town, or county) (State) Hudson Co., Virginia

DATE REC'D BY LOCAL REG. May 6, 1954

REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS A. Lee Wilson, Cumberland, Md.

MAY 1954
BUREAU V. I.

DR. DURRETT 4164

MARYLAND

04179

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMERIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 10 WEST SECOND STREET

3. NAME OF DECEASED (Type or Print): (First) HILDA (Middle) V (Last) SPRIGGS

4. DATE OF DEATH: (Month) MAY (Day) 15 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: DEC. 4 1931

9. AGE last birthday: 22 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB WALKER

14. MOTHER'S MAIDEN NAME: LEONA E WARNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lawrence Spriggs IO W. Secod St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

445 X

Immediate cause (a)..... Malignant Hypertension — Interval Between Onset and Death: 3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30, 1954, to May 15 1954 that I last saw the deceased alive on May 15, 1954, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE Clay E. Durrett (Degree or title) M. D. ADDRESS Cumberland. DATE SIGNED 5/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 5-18-54

NAME OF CEMETERY OR CREMATORY Davis Memorial Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. May 17, 1954

REGISTRAR'S SIGNATURE Winter K. Dantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY
BUREAU

Within corporate limits 4165

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 04180

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 171 N.Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 214 Charles St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Steen

4. DATE OF DEATH (Month) May (Day) 14 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH: Dec.24-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (State or foreign country): Lonaconing, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Steen
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-05-6437
17. INFORMANT & ADDRESS: 214 Charles St. Mrs.Ada Koelker, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	sudden
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary sclerosis	?
DUE TO			
	(c)	Arteriosclerosis with hypertention also had Chronic nephritis.	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED May 14-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF May 18, 1954
NAME OF CEMETERY OR CREMATORY Allegany County Cem.
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. May 18, 1954
REGISTRAR'S SIGNATURE Winter R. Hardy, M.D.
24. FUNERAL DIRECTOR Louis Stein, Inc., Cumberland, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MAY
BUREAU U. S.

4166

04181

DR. STEGMAIER

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 67 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 607 VIRGINIA AVE.,

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) Edward (Last) STONEBRAKER

4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JULY 1, 1870

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Street Worker

10b. KIND OF BUSINESS OR INDUSTRY: City of Cumb.

11. BIRTHPLACE (State or foreign country): St. Charles, Miss ouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN STONEBRAKER

14. MOTHER'S MAIDEN NAME: Alicia ROBBINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: 220-07-6980

17. INFORMANT AND ADDRESS: Miss Helen Stonebraker, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Uremia — Interval between onset and death: 2 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Chronic Nephritis

(c): Benign Prostatic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 mos, 1954, to 18 May 1954, that I last saw the deceased alive on 18 May, 1954, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James G. Stegmaier M.D. — ADDRESS: 122 So Centre St, Cumberland — DATE SIGNED: 20 may 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 20, 1954 — NAME OF CEMETERY OR CREMATORY: Zion Memorial Park — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 21, 1954 — REGISTRAR'S SIGNATURE: Walter L. Deaver, M.D.

24. FUNERAL DIRECTOR — ADDRESS: John J. Hafer, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4189

CERTIFICATE OF DEATH

04182

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
LENGTH OF STAY (in this place): 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jackson Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
STREET ADDRESS (If rural give location): Jackson Street

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Macmillian (Last) Ternent

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 17. 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: Ownhome

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh Macmillian

14. MOTHER'S MAIDEN NAME: Jennie Shockey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Emma Ternent, Lonaconing, Md. (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Generalized — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis & hemiplegia — 2 years ago

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to May 17, 1954, that I last saw the deceased alive on 17 May, 1954, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): George Richard Jr. M.D.
ADDRESS: Lonaconing Md
DATE SIGNED: 5-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 20 1954
NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR: 5-20-54
REGISTRAR'S SIGNATURE: Jeanette M. Boal

24. FUNERAL DIRECTOR: George Eichhorn, Lonaconing, Md.
ADDRESS

VS. A15

RECEIVED
MAY 27 1
BUREAU V. S.

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04183

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

DR. VAN ORMER

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): MARYLAND 1 HR. 30 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 717 MEMORIAL AVENUE

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) LEE (Last) TETER

4. DATE OF DEATH: (Month) MAY (Day) 19, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 16, 1887

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Grocers

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA Whitmer, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ellen Teter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 209-09-3185

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL -CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute Congestive Heart failure	24 hours
Antecedent cause(s)	Hypertensive Heart Disease	2 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Vascular Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 17 May 52, 19..., to 19 May, 1954, that I last saw the deceased alive on 19 May, 19 54, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. A. Van Orme ADDRESS: Cumberland, Md. DATE SIGNED: 21 May

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: May 22, 1954
NAME OF CEMETERY OR CREMATORY: Davis Memorial Cemetery
LOCATION (City, town, or county) (State): Near Cumberland, Maryland

DATE REC'D BY LOCAL REG.: May 21, 1954
REGISTRAR'S SIGNATURE: Walter K. Dantz, MD

24. FUNERAL DIRECTOR: James F. Scarpelli, Cumberland, Maryland. ADDRESS

Within corporate limits

4192

04184

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 3/31/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS 422 Arch Street (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) E. (Last) Tracy

4. DATE OF DEATH (Month) May (Day) 27, (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 7/8/1864

9. AGE last birthday 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Harpers Ferry, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Theodore Wingate

14. MOTHER'S MAIDEN NAME Ellen McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Valvular Heart Disease

(c) Chronic Osteo arthritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Deterioration

INTERVAL BETWEEN ONSET AND DEATH: ? ? ? ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 31, 1954, to May 26 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. (Degree or title) ADDRESS 49 Greene St. DATE SIGNED 5-27-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 5-29-54

NAME OF CEMETERY OR CREMATORY Harper Cem.

LOCATION (City, town, or county) (State) Marpers Ferry, W.Va.

DATE REC'D BY LOCAL REG. May 28, 1954

REGISTRAR'S SIGNATURE Winter L. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

JUN
U. S. BUREAU

: 4168

Write corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04185

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: County Allegany; City or Town (If outside corporate limits, write RURAL and give nearest town) Cumberland; Maryland; Length of stay (in this place); Hospital or Institution or Street Address Sacred Hospitals Decatur St. Cumb. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: State Maryland; County Allegany; City (If outside corporate limits, write RURAL and give nearest town) or Town Rural - Flintstone; Street Address (If rural give location) Rt. 1, Oldtown

3. NAME OF DECEASED: (First) David (Middle) (Last) Twigg

4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 19, 1883

9. AGE last birthday: 71 yrs. If under 1 year: Months, Days; If under 24 Hrs: Hours, Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer; KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Allegany Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Twigg

14. MOTHER'S MAIDEN NAME: Amanda Kifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-18-2670

17. INFORMANT & ADDRESS: Mrs. Sarah Twigg, Rt. 1, Oldtown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — Interval between onset and death: 4 days

ANTECEDENT CAUSE (B) DUE TO Hypertensive C. V. Renal Disease — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Generalized Arteriosclerosis — 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1954 to May 15, 1954, that I last saw the deceased alive on May 15, 1954 and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D. Dr. M. Schneidler — ADDRESS 41 Greene St. — DATE SIGNED 5/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF May 18, 1954; NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park; LOCATION (City, town, or county) Cumberland, (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 18, 1954; REGISTRAR'S SIGNATURE Walter L. Lantz, M.D.; 24. FUNERAL DIRECTOR John J. Hope, Cumberland, ADDRESS Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 25 1954
BUREAU V. S.

items 3, 17: film G167 6-22-54 L

05123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 5

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 5

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farigo

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 805 Fayette St.

3. NAME OF DECEASED: (Type or Print) (First) ~~Clifford~~ CLIFTON (Middle) ~~Wilson~~ (Last) White

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Aug. 4-1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired, Merchant, Pres. & Mgr. at Farigo
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James White
14. MOTHER'S MAIDEN NAME: Caroline Elbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-28-9913
17. INFORMANT & ADDRESS: (Mrs. Lucella B. White) 01 Fayette st. (wife) Mrs. C. W. White, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary sclerosis also had	?
DUE TO		
	(c) Arteriosclerosis.	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED May 27-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF May 30, 1954
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REG. 5/29/54
REGISTRAR'S SIGNATURE M.D. Vannett
24. FUNERAL DIRECTOR John J. Hafer. ADDRESS Cumberland, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04186

H190

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 S. Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 75 S. Water Street

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) B. (Last) Wilson

4. DATE OF DEATH: (Month) May (Day) 3rd, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Oct. 21st, 1872
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Kelly-Springfield
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Wilson
14. MOTHER'S MAIDEN NAME: ~~Catherine~~ Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Enoch Price, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic Cardiovascular Disease — 3 years.
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 1954, to May 3., 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 10:15 A M. E.S.T., from the causes and on the date stated above.
SIGNATURE John B. Davis, M.D. ADDRESS Frostburg, Md. DATE SIGNED 5/4/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5-5-1954
NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 5-5-54
REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe
24. FUNERAL DIRECTOR ADDRESS Joseph R. Durst, Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
MAY
BUREAU V. S.

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04187

4169

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 529 Avirett Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 529 Avirett Avenue

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) E. (Last) Wills

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 1, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Herring
14. MOTHER'S MAIDEN NAME: Mary Hergott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Miss Verna Wills, Cumberland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus — 5 yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/24/53, 19 , to 5/25/54, 19 , that I last saw the deceased alive on 5/23/54, 19 , and that death occurred at 11:50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard J. Wilbur MD ADDRESS Cumberland DATE SIGNED 5/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 29, '54
NAME OF CEMETERY OR CREMATORY St. George Episcopal Cemetery
LOCATION (City, town, or county) (State) Mt. Savage, Maryland

DATE REC'D BY LOCAL REGISTRAR May 20, 1954
REGISTRAR'S SIGNATURE Winter R. Hartz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1954
BUREAU V. S.

4191

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04188

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lu[illegible]
STREET ADDRESS (If rural, give location) 99 [illegible] Avenue

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible] 1900
9. AGE last birthday 3[illegible] yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Paper Mill
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO. 220-16-1525
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Chronic Myocarditis and Myocardial Degeneration not Specified as Rheumatic. — Interval between onset and death: 2 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia. — 1 Year

21a. DATE OF OPERATION None
21b. MAJOR FINDINGS OF OPERATION
21. AUTOPSY? Yes ☐ No ☒

22. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 10, 1953, to May 6, 1954, that I last saw the deceased alive on Apr. 11, 1954, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul R Wilson M.D. Piedmont, W. Va. May 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF S[illegible] 54
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. May 8-1954
REGISTRAR'S SIGNATURE Mrs Jean C Kelly
24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible]

RECEIVED
MAY 1974
BUREAU V. S.

Write in corporate limits : 4170

04189
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland

LENGTH OF STAY (In this place) 3o yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Back yard 242 Elder St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 242 Elder St.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) G. (Last) Winfield

4. DATE OF DEATH (Month) May (Day) 18 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	single	Dec.1-1891	62 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Glass Blower	Glass Ware	Cumberland, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Winfield	Anna Hensler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes W.W.1		513 Beall St. (sister) Mrs. Anna Hager, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary sclerosis	about 1 year.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial asthma — several years.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED May 18-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 21 1954	St Peter and Paul Cem	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 20, 1954	Winter R. Frantz, M.D.	Louis Stein, Inc.,	"

VS. A15A - 5 - 53

MAY
BUREAU V. S.

Within corporate limits

DR. DURRETT 4171

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04190

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND or
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near CUMBERLAND, Rural X
STREET ADDRESS (If rural give location) RT. #6, BOWLING GREEN

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) H (Last) WOLFORD

4. DATE OF DEATH: (Month) MAY (Day) 26 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 26, 1869

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orchard Worker

10B. KIND OF BUSINESS OR INDUSTRY: General Orchard Work

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID WOLFORD

14. MOTHER'S MAIDEN NAME: MARY HORN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK — No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 232-32-5083

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, MEMORIAL AVE., CITY

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1
IMMEDIATE CAUSE (A) Carcinomatosis

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma Liver
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954 to May 26 1954 that I last saw the deceased alive on May 26, 1954 and that death occurred at 1:15 A.M. from the causes and on the date stated above.

SIGNATURE Chas. F. Durrett M.D. ADDRESS Cumberland. DATE SIGNED 5/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5/28/54 — NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery — LOCATION (City, town, or county) (State) Hampshire Co. W.Va.

DATE REC'D BY LOCAL REGISTRAR May 28, 1954 — REGISTRAR'S SIGNATURE Winter L. Hawk, M.D. — 24. FUNERAL DIRECTOR John L. Hafer, Cumberland, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 2 1954
BUREAU V. S.

Within corporate limits

U.S.W. P. WMS. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04191

· 4172 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 21 PENNSYLVANIA AVE.

3. NAME OF DECEASED: (First) LAURA (Middle) Henrietta (Last) WOODYARD

4. DATE OF DEATH: (Month) MAY (Day) 11 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: DEC. 30 1886
9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Newburg, Preston Co, W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ELLIS LEWIS
14. MOTHER'S MAIDEN NAME: MARY HERRINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: John E. Woodyard, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute Circulatory Failure — 15 min

ANTECEDENT CAUSE (B) DUE TO Hypertensive Cardiovascular Renal disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20-~~48~~, to 5-11-~~54~~ that I last saw the deceased alive on 5-10-54, and that death occurred at 7:41 AM, from the causes and on the date stated above.
SIGNATURE W. F. Mullins M.D. ADDRESS Cumberland DATE SIGNED 5-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 14 1954
NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR May 13 1954
REGISTRAR'S SIGNATURE Hunter Co Deputy Md
24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAY 18 19
BUREAU V. S.